Provider guide for doula and sports physical value-added services

2023 Plan Year

Contents

Overview

Kentucky Department for Medicaid Services (Kentucky DMS) approved Humana Healthy Horizons® in Kentucky's value-added services (VAS) to better serve our enrollees and improve health outcomes. These services are in effect and available to our enrollees from Jan. 1 to Dec. 31, 2023. This guide provides instructions regarding requirements for billing, fee schedules and timely filing of claims for sports physicals and doula services.

Humana
Healthy Horizons®
in Kentucky

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Provider directory

Published provider information and contact links for eligible VAS providers are detailed in the Humana Healthy Horizons VAS Enrollee Guide.

VAS providers who are not contracted for participation with the Humana Healthy Horizons network or enrolled with Kentucky DMS are not featured in Humana's online or printed "Find a Provider" directories.

Enrollee services

Enrollees can contact Humana Healthy Horizons Enrollee Services to receive assistance with the VAS program, including getting help locating VAS providers that do not participate in the Humana Healthy Horizons network or are not enrolled with Kentucky DMS.

Authorizations

Humana Healthy Horizons does not require prior authorizations for VAS. Once the benefit limit is met, subsequent claims are denied. Prior-authorization requirements are subject to change with advance notice. Both participating and out-of-network providers are required to ensure the services provided do not require prior authorization. For further details, see the Humana Healthy Horizons in Kentucky Medicaid **Preauthorization and Notification list**.

Provider licensure and certification requirements

Rendering provider	Required licensure and/or certification
Doula	No license or certification required

Out-of-network payment exemption

Humana Healthy Horizons reimburses doulas based on rates and codes defined in the fee schedules found within this guide. These providers do not receive a payment reduction for services, per the out-of-network payment policy. Providers must adhere to billing guidelines provided in this guide to ensure timely and accurate payment.

Timely filing

Claims must be submitted within 365 calendar days of the date of service or discharge. We do not pay claims with incomplete, incorrect or unclear information. Providers have 365 calendar days from the date of service or discharge to submit a corrected claim.

Verify eligibility

Enrollees are asked to present a Humana Healthy Horizons ID card each time services are rendered. If you are not familiar with the person seeking care and cannot verify the person as an enrollee of our health plan, please ask to see photo identification. Before providing all services (except emergency services), providers are expected to verify enrollee eligibility using one of the following means:

- Kentucky Medicaid-contracted providers are required to verify enrollee eligibility via the **HealthNet Portal**.
- Providers not enrolled with Kentucky DMS are required to contact Humana Healthy Horizons in Kentucky Provider Services to verify eligibility by calling **800-444-9137**, Monday through Friday, 7 a.m. to 7 p.m., Eastern time.

Doula services

Benefit	Benefit detail
Doula services for pregnant females	Doula assistance is available to provide emotional and physical support to the laboring mother and her family. Four prenatal visits, four postpartum visits and one visit for delivery assistance per pregnancy.

The billing codes eligible for reimbursement are below. Claims payment is provided for two prenatal visits, two postpartum visits and one visit for delivery assistance, per pregnancy. After the VAS benefit limit is met, additional claims are denied.

Doula fee schedule

Common Procedural Terminology (CPT®) code	Diagnosis code	Description	Maximum visits per enrollee	Rate
59425	Z33.1	Antepartum/prenatal visit	4	$75
59409	O80	Vaginal delivery only—this service cannot be billed with 59612	1	$200
59612	O80	Vaginal delivery after previous cesarean delivery or caesarean delivery—this service cannot be billed with 59409	1	$200
59430	Z39.2	Postpartum care	4	$75

Sports physical

Benefit	Age limit	Benefit detail
Sports physical	6-18	Enrollees are eligible to receive one sports physical per year.

Humana Healthy Horizons reimburses providers for one sports physical per year. The claim must include the required diagnosis code detailed below and must be billed with an appropriate evaluation and management code. After the VAS benefit limit (one visit per calendar year) is reached, additional claims are denied. Providers are required to use the most appropriate CPT code for services rendered. If submitting a non-sports physical claim, the required diagnosis code below should not be billed to avoid duplicate claim denial.

Required diagnosis code	Description
Z02.5	Encounter for examination for participation in sport

General provider billing guidelines

Claims submission

Humana Healthy Horizons follows the claim reimbursement policies and procedures set forth by relevant regulations and regulating bodies. It is critical that provider addresses and phone numbers on file with Humana Healthy Horizons are current to ensure timely claims processing and payment delivery.

Please note: Providers must submit International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) codes with paper and electronic claims. Failure to include ICD-10 codes on claims will result in claim denial.

Refer to the **2023 Humana Healthy Horizons in Kentucky Provider Manual** for additional details not included in this guide.

Availity Essentials

Humana Healthy Horizons partners with Availity Essentials to allow providers access to enrollee and claim data for multiple payers using only one login.

Availity Essentials access includes the following benefits:

- Access eligibility and benefits
- Initiate referrals and authorizations
- Check claim status
- Initiate claim submissions
- Receive remittance advice

- Review enrollee summaries
- Access overpayment information
- Set up and/or review electronic remittance advice/electronic funds transfer

To learn more, please call **800-282-4548** or visit **Availity.com**.

Paper claim submissions

For efficient processing of your claims, Humana Healthy Horizons recommends you submit all claims electronically. If you submit paper claims, please use one of the following claim forms:

- Centers for Medicare & Medicaid Services (CMS)-1500 (formerly HCFA 1500 form) – AMA universal claim form, also known as the National Standard Format (NSF)
- CMS-1450 (UB-04), formerly UB92 form, for facilities

Please submit paper claims using the current version form as designated by CMS and the National Uniform Claim Committee.

Detailed instructions for completing forms are available at the following websites:

- **CMS-1500 Form Instructions →**
- **UB-04 Form Instructions →**

Please mail all paper claim forms to Humana Healthy Horizons in Kentucky to:

Humana Claims Office
P.O. Box 14601
Lexington, KY 40512-4601

Humana Healthy Horizons uses optical/intelligent character recognition systems to capture claims information efficiently and accurately and to improve turnaround time. We cannot accept handwritten claims or super bills.

Humana Healthy Horizons also requires Health Insurance Portability and Accountability Act (HIPAA)-compliant codes on paper claims. Adopting a uniform set of medical codes simplifies the claims submission process and reduces provider and health plan organization administrative burdens. Local or proprietary codes are no longer allowed.

Enrollee billing

State requirements and federal regulations prohibit providers from billing Humana Healthy Horizons-covered patients for medically necessary covered services. Healthcare providers who knowingly and willfully bill an enrollee for Humana Healthy Horizons VAS or benefits are guilty of a felony and, on conviction, are fined, imprisoned or both, as stipulated in the Social Security Act.

Humana Healthy Horizons monitors billing policy activity based on billing complaints from enrollees. Failure to comply with regulations after intervention may result in both criminal charges and termination of your agreement with Humana Healthy Horizons.

Please remember that government regulations stipulate providers must hold enrollees harmless if Humana Healthy Horizons does not pay for a network value-added service or benefit performed by the provider. Enrollees cannot be billed for services that are administratively denied. The only exception is in the instance where a Humana Healthy Horizons enrollee agrees in advance, in writing, to pay for a service not covered by Medicaid. This agreement must be completed prior to providing the service and the enrollee must sign and date the agreement, acknowledging his or her financial responsibility. The form or type of agreement must specifically state the services or procedures not covered by Humana Healthy Horizons VAS or benefits.

Healthcare providers should call Provider Services at **800-444-9137** for guidance before billing enrollees for services. Hours of operation are Monday through Friday, 7 a.m. to 7 p.m., Eastern time.

Typical provider

Providers who provide covered Medicaid services to Humana Healthy Horizons enrollees and are registered with the state as a Medicaid provider must:

- Submit VAS benefit claims to Humana Healthy Horizons in the format and manner used for non-VAS benefits
- Adhere to the ASC X12 Standards for Electronic Data Interchange (837P), as managed by the **Washington Publishing Co**.

Doula provider billing guidelines

Atypical provider

Doula providers do not render covered Medicaid services for Humana Healthy Horizons enrollees and are not registered with the commonwealth as Medicaid providers. Thus, doula service providers should follow the atypical provider guidance below when submitting paper or electronic claims.

When submitting paper claims:

- Paper and electronic CMS-1500 (professional) claims are acceptable billing forms. Please see **Professional Paper Claim Form (CMS-1500) | CMS** to learn more about the applicable form.
- Instructions for completing the forms can be found at **National Uniform Claim Committee – 1500 Instructions (nucc.org).**
- To obtain claim forms, providers should call the U.S. Government Printing Office at **866-512-1800**, their local printing companies or other office supply stores in their area.
- In addition, there are several services that provide free or low-cost fillable CMS-1500 claims forms, which can be found via internet search.

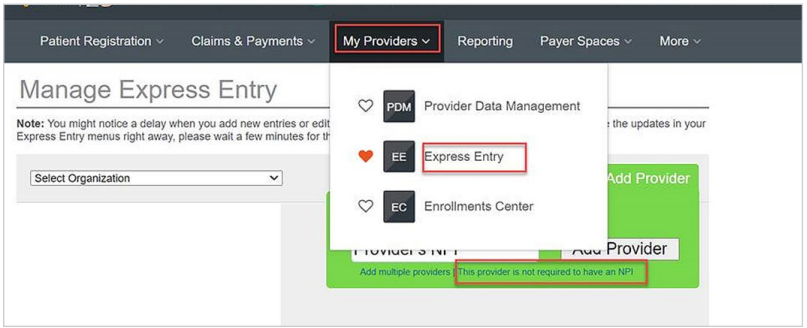
Important paper claim reminders:

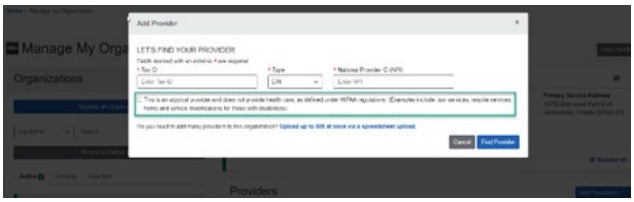
- Required taxonomy for doula providers is **374J00000X**.
- Enter your Tax Identification Number (TIN) or Social Security number if you do not have a current TIN.
- Do not enter your National Provider Identifier (NPI) if you have one.
- Enter the 10-digit number of **9999999999** as the Medicaid ID number.
- On Field 19 (Additional Claim Information), there must be three blank spaces in between the taxonomy and Medicaid ID on the same line. A completed Field 19 should read as follows: **REFZZ374J00000X REF0B9999999999**
- Use the codes and rates outlined above in the Doula Fee Schedule.
- Complete the rest of the claim as required, pursuant to CMS-1500 standards.
- Please mail all paper claim forms to Humana Healthy Horizons at:

  Humana Claims Office
  P.O. Box 14601
  Lexington, KY 40512-4601

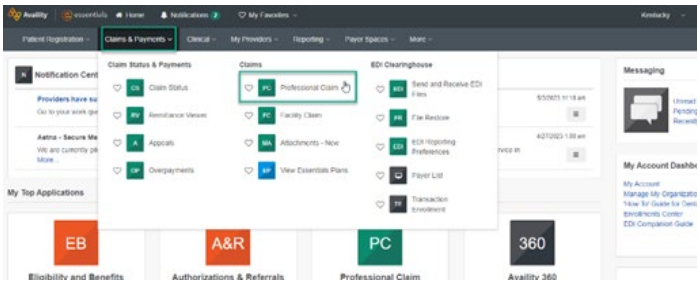
When submitting electronic claims through Availity Essentials:

- Availity has direct data entry to submit an electronic claim.
- Doula providers must be registered with Availity Essentials as atypical providers to submit claims electronically.
- After you set up an account with Availity Essentials, access “Manage My Organization” to add providers. Click “this is an atypical provider…” box. This allows you to create entries without an NPI. in the green box.

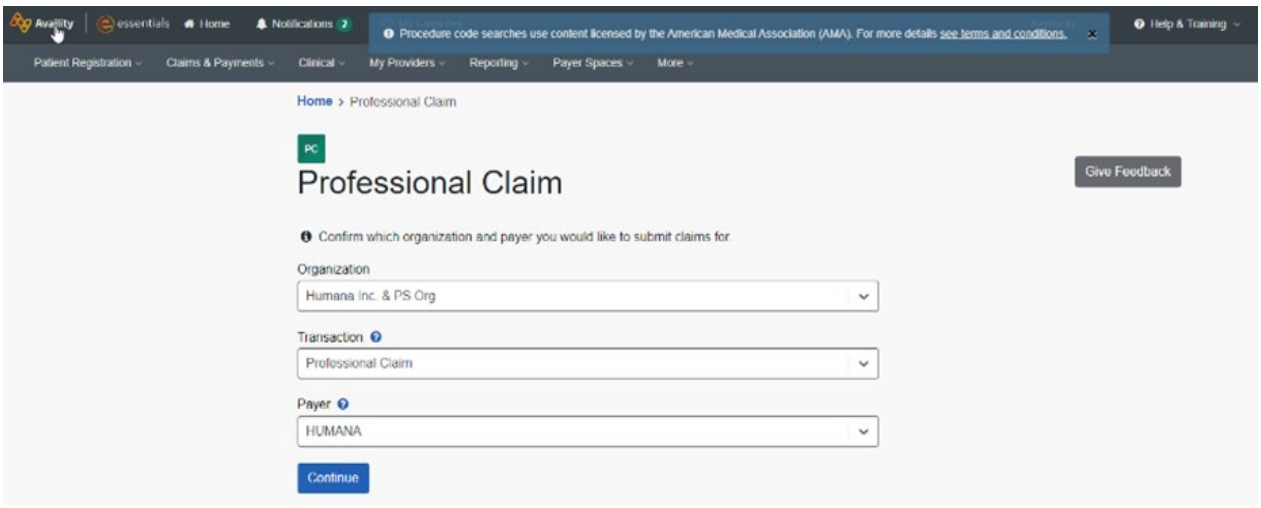




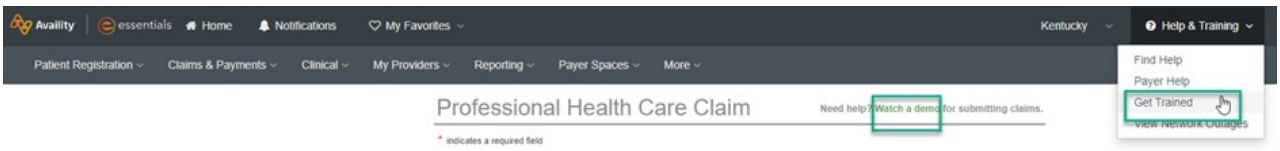
- The claim is now ready to submit. Select the Professional Claim option:



- Select Humana as your organization, claims for the Transaction and Humana for the payer. Select “Continue” and enter your claim information.



- If you need general help with completing the form, you can watch a short video or review Availity training:



Important direct data entry reminders:

- Required taxonomy for doula providers is **374J00000X.**
- Do not enter your NPI if you have one.
- Enter the 10-digit number of **9999999999** as the Medicaid ID number.
- On the Billing Provider information section, use the “Select a Provider” dropdown, which will contain the values from your Express Entry records.

When submitting electronic claims:

- Submit claims using 837P format if a doula provider has advanced capabilities and works through a practice management system.
- Register with Availity Essentials as an atypical provider to submit claims electronically.

Submit claims that adhere to ASC X12 Standards for Electronic Data Interchange (837P), as managed by the **Washington Publishing Co**.

- Do not enter your NPI or any corresponding loops/segments for NPIs.
- Use the following values for payer info:
  - Loop: 1000B
  - Segment: NM1
  - Senders can submit the destination payer name (NM103) and payer ID (NM109)
- Enter "G2" in loop 2010BB segment REF01
- Enter the 10-digit number of **9999999999** in loop 2010BB, segment REF02
- Enter the appropriate taxonomy code for the service(s) rendered in loop 2000A, segment PRV03
- Complete all other loops and segments as required, pursuant to ASC X12 837P standards
- Enter required taxonomy for doula providers: **374J00000X**

Grievance and appeals

Providers have the right to file a grievance or appeal with Humana Healthy Horizons regarding a healthcare service, claim for reimbursement, provider payment or a contractual issue.

A grievance is a complaint. An appeal is a request to change a previous decision made by Humana Healthy Horizons. For purposes of this section, coverage denial is Humana Healthy Horizons' determination that a service, treatment or drug is specifically limited or excluded under the enrollee's specified health benefit plan. When a coverage denial is involved, you can request an internal appeal.

As a provider, you can file grievances and appeals on your behalf. You also can file an appeal on behalf of an enrollee if you have the enrollee's written consent. Humana Healthy Horizons ensures that no punitive or retaliatory action is taken against an enrollee or provider who files a grievance or appeal, or a provider who supports an enrollee's grievance or appeal.

Internal appeals

You can file a grievance or appeal related to the reduction or denial of a claim within 60 days of receipt of notification that payment for a submitted claim was reduced or denied.

If you do not agree with the decision on a processed claim, you have 60 calendar days from the date of the original claim submission denial to file an appeal. If the claim appeal is not submitted in the required time frame, the appeal is not considered and is subsequently denied.

If the appeal is denied, you will be notified in writing. If the appeal is approved, payment will show on your Explanation of Payment. Humana Healthy Horizons typically resolves provider grievances and appeals within 30 calendar days of receipt of the appeal request. Humana Healthy Horizons may request a 14-day extension from you to resolve your grievance or appeal.

Please note: If you believe a claim was processed incorrectly due to incomplete or incorrect claim, or because of unclear information on the claim, you should submit a corrected claim. You do not need to file an appeal. Providers have 365 calendar days from the date of service or discharge to submit a corrected claim.

Verbal submission

For all inquiries, including complaints, please call Provider Services at **800-444-9137**. Depending on the type of issue or complaint, your inquiry is reviewed by a Humana associate with the designated authority to resolve your issue or complaint.

Written submission

You can submit in writing to:

Humana Provider Correspondence
Grievance and Appeals Department
P.O. Box 14546
Lexington, KY 40512-4546

Fax: **800-949-2961**

Digital submission

You can submit encrypted grievance or appeal supporting documentation online via **Availity Essentials**. Grievance and/or appeal status also can be checked via **Availity Essentials**.

Additional resources

Please use the following links to access provider resources:

2023 Humana Healthy Horizons in Kentucky Provider Manual →

2023 Humana Healthy Horizons in Kentucky VAS Enrollee Guide →

2023 Humana Healthy Horizons in Kentucky Provider Resource Guide →

Kentucky Healthnet portal →

Humana Healthy Horizons in Kentucky Prior Authorization List →

Feel free to review/include these Availity Registration references:

Register your provider organization (availity.com) →

Availity_paa.pdf →

Register your provider organization (availity.com) →